



Atty. Dkt. No. 065691-0179

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Annie MEINIEL, et al.  
Title: NOVEL PEPTIDES AND  
POLYPEPTIDES USEFUL FOR  
REGENERATING THE  
NERVOUS SYSTEM  
Appl. No.: 09/462,909  
Filing Date: 02/14/2000  
Examiner: Olga N. Chernyshev  
Art Unit: 1646

<b>CERTIFICATE OF MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450, on the date below.	
<hr/> <i>Robert N. Young</i> (Printed Name)	
<hr/>  (Signature)	
<hr/> <i>November 20, 2003</i> (Date of Deposit)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated May 22, 2003, of the Examiner finally rejecting Claims 5, 6, 16, 17, 20 and 22.

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ X ] Notice of Appeal Fee

[ X ] To be paid as detailed below

[ ] Not required (Fee paid in prior appeal)

11/25/2003 HDEMESS1 00000058 09462909

01 FC:1401

330.00 OP

The required fees are calculated below:

[ X ]	Notice of Appeal Fee	\$330.00
[ X ]	Extension for response filed within the third month:	\$950.00
	FEE TOTAL:	\$1280.00
[ ]	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$1280.00

- [ ] Please charge Deposit Account No. 50-2350 in the amount of \$1280.00 . A duplicate copy of this transmittal is enclosed.
- [ X ] A check in the amount of \$1280.00 is enclosed.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2350. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2350.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 20, 2003

By

  
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